VS. A15 - 10 - 53

05942 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5934 CERTIFICATI	E OF DEATH Reg. Dist.	No. 290.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	THE THE THOME OF BECEASED!	20 1
COUNTY Jalbot MARYLAND	STATE // COUNTY / als	bot
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and	d give nearest town
OR and give nearest town) (in this place)	OR TOWN 9	
alston Jones	Gasion	40
HOSPITAL OR INSTITUTION OR Wolel Queen ame are	STREET (If rural give location)	_ /
3. NAME OF (First) (Middle)	C. NOVOV BELLET	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Faulence Adda	(Last) 4. DATE (Month) (DN OF DEATH: (Last)	(Year) 7 1953
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		
Temale Whate (Specify): Ingle May	Months Day	
104. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS)	11. BIRTHPLACE (State or foreign country): [12. C	ITIZEN OF WHAT
work done during most of working life. Of INDUSTRY:	21 -1 0 -0	OUNTRY
even if retired throcoupied Thone	Hew Orleans, da: W	S.a.
13. FATHER ON NAME:	/14. MOTHER'S MAIDEN NAME:	
Bulling Forles and and	aline & m. 10-01.	
IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. BOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates	24 0 1 51	LM,
no of service) hone	Mrs. John Walson Ou	uenstoron ?
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
420.1	4/ / *	(-1
IMMEDIATE CAUSE (A)	y Musin mo	C./
DUE TO /		
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSYT
0		YES NO DO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	tory of a Museum Dip (City on town)	10:
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County)	(State)
215. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY M. While Not while at work		
22. I hereby certify that I attended the deceased from	/	
alive on		
	ADDRESS	SIGNED
	. D. Restron Ressy Earl	(8) was > >
	ERY OR CREMATORY LOCATION (City, town, or e	county) (State)
REMOVAL (SPECIFY) June 20-1955 Saranie 7	11:000 - + 9 - m	7. 0 0
DATE REC'D BY LOCAL PRISTRADIO SIGNATURE	tell Camelery Coaston //	ryland

BUREAU V. S.

The State of the Charles of the Control of the Cont

BECEINEL

53	
1	
2	
A15	
ś	
and the	

MARYLAND	STATE DEPARTMEN	T OF HEALTH	-BALTIMORE, 1	8 05943
5953	CERTIFICATI	E OF DEAT	TH Reg. I	Dist. No. 270
COUNTY CITY (If outside corporate limits, write town) OR and give nearest town)	MARYLAND ite RURAL LENGTH OF STAY in this place)	STATE Ma	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	allot
HOSPITAL OR INSTITUTION OR STREET ADDRESS	9	STREET ADDRESS	(If rural give locat	ion)
RACE: WIDE	(Middle) B. DATE OWED, DIVORCED. MAYYIE d 12 - 6		4. DATE (Month) OF DEATH: 9. AGE last blithday Months	
work done during most of working life, even if retired): LarmeY	108. KIND OF BUSINESS OR INDUSTRY: Farm Tennah	Mary	State of foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: SE WAS DECEASED EVER IN U.S. ARMED FORD [Yes, no, or unk.] (If Yes, give war or day of service)		14. MOTHER'S MA May 17. INFORMANT 6	address:	lickerson
I DISEASES OR CONDITIONS DIRECT HHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHH	18. MEDICAL GERTIFICATION (A) DEATH (A) DUE TO RESERVE	Myoca tial Hyb	extension	INTERVAL BETWEEN ONSET AND DEATH
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	TO THE	, 01		17
DISEASE OR CONDITION CAUSING	DEATH,	N		20. AUTOPSY1
21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH	218. PLACE (Home, farm, fac OF INJURY street, office bldg.,	tory. 21c. WHERE D	ID (City or town) (C	ounty) (State)
ZID. TIME (Month) (Day) (Year) (House OF INJURY M.	While Not while	21F. HOW DID II	NJURY OCCUR?	
22. I hereby certify that I attended alive on signature for the signature for the signature of the signature	and that death occurred at	-61	Fu, mid,	te stated above. DATE SIGNED
DATE REC'D BY LOCAL AGISTR	155 Maylin AR & ISIGNATURE	1 DOWN (EM	LOCATION (City, town	or county (State)
REGISTRAR 5-55 M	A- Merry	James 1	3Konwell	Carting MC

DECEIVED

BUREAU V. S.

	- n	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	05944
	. The	. 5935 CERTIFICATE OF DEATH Reg. Dist	. No. 290
	ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASES	D:
	information carefully.	COUNTY	and give nearest town)
	tion	HOTOWN And give nearest town) town line this piece OR TOWN & Aston.	40
(M	nforma	HOSPITAL OR STREET ADDRESS KMOITIAL HOSDITAL. STREET ADDRESS KMOITIAL HOSDITAL.	1
	E 5	Dronteen -	Day) (Year)
	m of i	(Type or Print) DOU DON DEATH: TOO	9 1955
	of it	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): 3199/2 MAII 20 1955 9, AGE last birthedy wonths I	Days Hours Min.
r.b.	every	10A. USUAL OCCUPATION (Give kind of working life.) 10B. KIND OF BUSINESS 17. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
ž	A 82		USA
Z	Supply tte the c	13. FATHER'S NAME:	
BI	K. Su write	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
FOR		(Yes, no. or unk.) (If Yes, give war or dates of service) Claudie Beusky Mi	This
RESERVED FOR BINDING	ADING IN	18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 762.5	INTERVAL BETWEEN
SS	(FA	IMMEDIATE CAUSE (A) DUE TO A A	
(12)	UNF, sician	DISEASES OR CONDITIONS, IF ANY, (B)	
ARGIN	WITH UNFAI	STATING UNDERLYING CAUSE LAST. (C)	
(OF	~ 40	IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
(6)	AINLY	DISEASE OR CONDITION CAUSING DEATH	20. AUTOPSY?
	7	0	YES NO
		21a. ACCIDENT WAS UNDERLYING 21s. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	ty) (State)
•	25 00	OF INJURY OF INJURY M. 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR? While Not while at work at work	
28	[min]	22. I hereby certify that I attended the deceased from 5 /30 , 19 11 , to 6 /9 , 1957, that I last	t saw the deceased
0.53	TYPE 0	aliven 195, and that death occurred at 0 PM, from the causes and on the date	
1 1	SE TY	Coffern M.D. Gren 16	July 33
A15-	PLEAS	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION, (City, town, of the Model (Specify) 6-15-55 Tourish Role Malliqueste	ecce (State)
a si	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS
18 >		19-12-55 1 1 1 1 lereth farmer the turel, ea	orlan mil



2361 IS NUL

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ATT T STRUCK	TENTAL	DAG.			The Property of the Party of th	OI.	ARADZAL.
Thomas	77 75	7 74	4-2 T-	4107	7 .E .CC		
Lens	all the said of	19	M. I 181	BCTOO	1-0-00		
Mary and the same of		1	A THE STITLE IN	DIST TAX	7=5=55 CATE	OTT	TATE
	-		3 HC RC		1 Zh ' P 1 141.	0.004	

REGISTRAR'S SIGNATURE

5936 CERTIFICATI	E OF DEATH Reg. Dist.	No. 270
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	;
COUNTY TOLON MARYLAND	STATE Md. COUNTY COUT	line
CITY (if outside corporate limits, write RURAL or and give nearest town) ATOWN EGS 017 LENGTH OF STAY (in this place) /8 /104/5	CITYIII outside corporate limits, write RURAL at OR TOWN DENTOO Md	
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSP.	STREET (If rural give location) ADDRESS Goy SI.	V
DECEASED:	OF S	ny) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, Specify): WIDOWED MORCE	OF BIRTH: 9. Age iast birthded in under the control of Birth: 9. Age iast birthded in under the control of the	1955 EAR IF UNDER 24 HRS. LAYS HOUTS Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12. (CITIZEN OF WHAT
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
David Adams	Rebecca Bowen	
Was Deceased Ever in U.S. Armed Forces: 10. Social Security No. Yes, no. or unk.) (If Yes, give war or dates of service)	MA OPHIME & Sugar	Don-u lur
IB. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) DUE TO	ebral Kemonkage	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	E U p	7
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING OF LACE (Home, farm, factor Contributing Cause of Death Of Injury street, office bldg., (if either, notify medical Examiner)		(State)
DF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6./ s	17, 1953, to 6/6/, 19 53 that I last	saw the deceased
	4 . M, from the causes and on the date s	
	.D. Laston	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CENETI	ERY OR CREMATORY LOCATION (City, town, or	county (State)

A15 -- 10 - 53 S

PLEASE

DATE REC'D

LOCAL

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

SSET LE NOT ...

BUREAU V. S.

CERTIFICATE OF DEATH

Reg.	Dist.	No.	2	90
-	EASED			

(Day)

Days

112.

(Year)

IF UNDER 24 HRS

Hours

CITIZEN OF WHAT

1950

carefully. legibly. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF COUNTY / UCE MARYLAND STATE COUNTY Dellem (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and DR and give nearest town (In this place) OR information TOWN TOWN early HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 핗 (First) (Middle) NAME OF (Last) DATE (Month) death DECEASED of OF (Type or Print) nan DEATH item SINGLE MARRIED, WIDOWED DIVORCED. (Specity): 5. SEX 16 COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday! IF UNDER I YEAR RACE: of Months | causes KIND OF BUSINESS (State or foreign country): USUAL OCCUPATION (Give kind of 10B. (I. BIRTHPLACE work done during most, of working life. OR INDUSTRY:

COUNTRY? even If retired): 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 17. INFORMANT & ADDRE (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH

(A) IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY,

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION:

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING [] 218. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21p. TIME (Month) (Day) (Year) (Hour)

21E INJURY OCCURRED Whlle Not while

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

21c. WHERE DID (City or town)

at work at work

THEREOF

1841 , to ... 190- that I last saw the deceased M, from the causes and on the date stated above.

alive ob , and that death occurred at SIGNATURE ADDRESS DATE SIGNED M. D

CREMATION. REMOVAL (SPECIFY)

NAME OF SEMETERY OR CREMATORY

LOCATION (City, town, or

ADDRESS

23 BURIAL DATE REC'D BY LOCAL

OF INJURY

22. I hereby

attended the deceased from 6

FUNERAL DIRECTOR

county)

20.

(County)

AUTOPSY?

(State)

(State)

every Supply MARGIN RESERVED 0 Z A Phys <€ RIT 0 国 TYPI (-)

the

WI

0) ea

d

sicians

importa

pecially

52

age

S

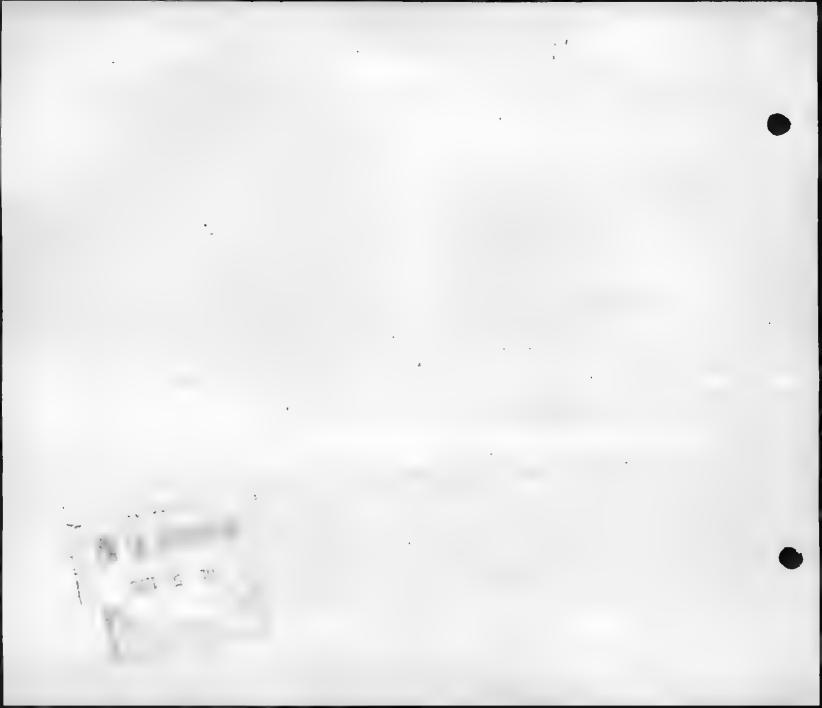
A. [4]

DECEDAED

BUREAU V. E.

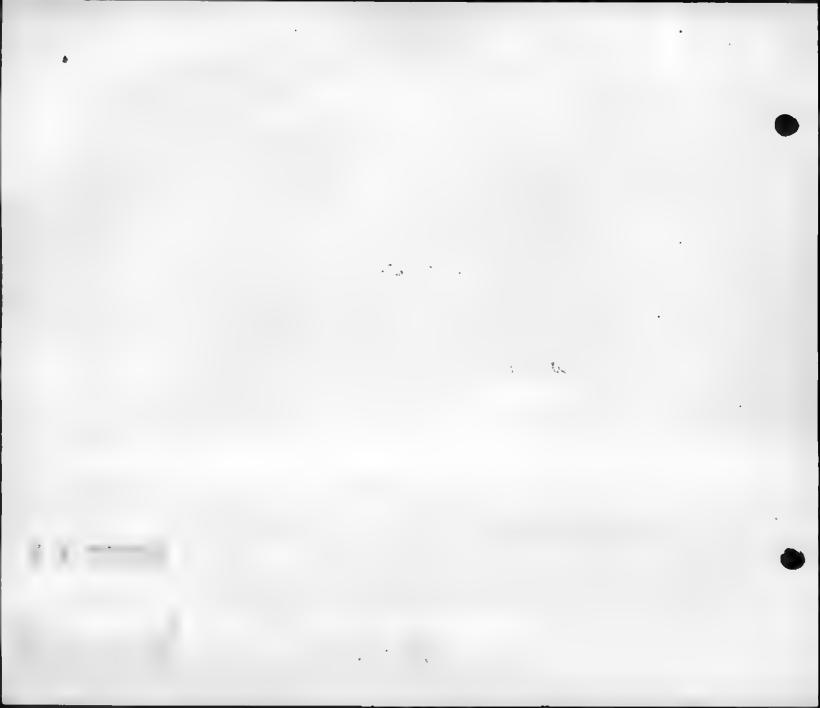
	Je Je	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	05947
	y. The	5938 CERTIFICATE OF DEATH Reg. Dis	st. No. 2%.
		1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
	m of information carefully death clearly and legibly.	COUNTY TAL BOT MARYLAND STATE MO COUNTY TO CITY If outside corporate limits, write RURAL LENGTH OF STAY (in this place) HOSPITAL OR HOSPITAL OR STREET ADDRESS ASTON MEMBERS LIFE O	X
	int	3. NAME OF (First) (Middle) (Last) 4 DATE (Month)	(Day) (Year)
RESERVED FOR BINDING	DING INK. Supply every ite please write the causes of	DECEASED: (Type or Print) A ORRAINE 5. SEX: 6 COLOR OR 7. SINGLE. MARRIED, RACE: WIDOWED. DIVORCED. (Specify): (Specify): 104 USUAL OCCUPATION (Sive kind of MARRIED) Norths 105 USUAL OCCUPATION (Sive kind of MARRIED) Norths 106 USUAL OCCUPATION (Sive kind of MARRIED) Norths 107 USUAL OCCUPATION (Sive kind of MARRIED) Norths 108 USUAL OCCUPATION (Sive kind of MARRIED) Norths 109 USUAL OCCUPATION (Sive kind of MARRIED) Norths 100 USUAL OCCUPATION (Sive kind of MARRIED) Norths Norths	1935 YEAR POUNDER 24 HRS. Days Hours Min. CITIZEN OF WHAT COUNTRY? POUNTRY? INTERVAL BETWEEN ONSET AND DEATH
SER	FA]	MIMMEDIATE CAUSE (A) 7 Throtee Jymohrone	1 monte
MARGIN RES	AINLY, WITH UNFAlimportant. Physicians:	ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	8 yrs
	INI	DISEASE OR CONDITION CAUSING DEATH	
	7	∠	YES NO NO
	R WRITE PI is especially	21a. ACCIDENT WAS UNDERLYING 21b PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. Time (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While Not while Not while at work Amount of the property of the pr	nty) (State)
	0 0	22. I hereby certify that I attended the deceased from , 19 46 to 6 / - 7/19 5 That I las	t saw the deceased
10 - 53	TYPE rect a	alive on 6 . 19, and that death occurred at 4 M, from the causes and on the date	
VS. A15 —	PLEASE	DATE REC'D BY LOCAL RECOSTRAR'S SIGNATURE REGISTRAR DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (Cit), town, o CALLOW DE PUNERAL DIRECTOR DIRECTO	ADDRESS (State)

-



	0	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05948
	7. The	5939 CERTIFICATE OF DEATH Reg. Dist. No. 296
	ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
•,	information carefully, and legibly.	COUNTY I What MARYLAND STATE MAP COUNTY Carbine COUNTY (if outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) 4 TOWN EASTern 15 days MARYLAND STATE MAP COUNTY Carbine COUNTY County County (in this place) OR TOWN Poulor 05 X - de
	rforma	STREET ADDRESS Me nemed Ara ADDRESS R F. D. ## 1
,	of atl	3. NAME OF (First) (Middle) (Last) (Last) 4. DATE (Month) (Day) (Year) (Type or Print) ARTICY B. (LARKE DEATH: 6 2/ 1955
	ii a	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
NG	y every	10A USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired): A breef OR INDUSTRY: OR INDUSTRY:
MARGIN RESERVED FOR BINDING	Supply te the c	13 FATHER'S NAME: Clarke Clarke Clarke
FOR 1	INK.	19. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or ank.) If Yes, kive war or dates of service) 10. BOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: MAN Co Losty Charles
Q	NG plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
ERVE	Ĭ	59/ MMEDIATE CAUSE (A) HYPEXMALEINIO
	UNF	ANTECEDENT CAUSE (S)
NIN B	WITH UNFA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) FOWEY MEDIA MORE MEDIA 10 10 10 10 10 10 10 10 10 10 10 10 10
I RG	WI It.	(c) Hepeto- renal syndrome
MA	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Jourdice; Recent choley cystalany
	4	19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21C. WHERE DID (City or town) (County) OF INJURY street, office bldg., etc. INJURY OCCUR?
	R . S	21b. TIME (Month) (Day) (Year) (Hour) 21c INJURY OCCURRED While Not while at work at work 21f. HOW DID INJURY OCCUR?
53	PE O	22. I hereby kertify that I attended the deceased from 6/6, 1965, to 6/3/, 195., that I last saw the deceased from 1965, to 6/3/, 195., that I last saw the deceased from 1965, to 6/3/, 195., that I last saw the deceased from 1965, to 6/3/, 195., that I last saw the deceased from 1965, to 6/3/, 195., that I last saw the deceased from 1965, to 6/3/, 195., that I last saw the deceased from 1965, to 6/3/, 195., that I last saw the deceased from 1965, to 6/3/, 195., that I last saw the deceased from 1965, to 6/3/, 195., that I last saw the deceased from 1965, to 6/3/, 195., that I last saw the deceased from 1965, to 6/3/, 195., that I last saw the deceased from 1965, to 6/3/, 195., that I last saw the deceased from 1965, to 6/3/, 195., that I last saw the deceased from 1965, the causes and 1965, the causes are considered from 1965, the causes are consider
- 10 -	SE TYPE	M. from the causes and on the date stated above. ADDRESS M. D. ADDRESS M. D. ADDRESS AD
A15-	PLEASE cor	23. BORIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (C.15, town, or county) (State)
S S	A	PATE REC'D BY LOCAL REGISTRAR'S EIGNATURE 24 FUNERAL DIRECTOR DE LOCAL REGISTRAR 2-75 Vergel luminos De local de la lacal de lacal de lacal de la lacal de lacal de la lacal de la lacal de l





CERTIFICATE OF DEATH

		CIDI	KI IFIOI		BOI DEIL.		Reg. Dist. No)a.,(artivaagla)	J
1. PLACE OF DEATH	u. 'albot		MARYLAND		2. USUAL RESIDENCE STATE Maryland		COUNT	Talbot	
CITY (If outside c	orporate limits, write RUR. town) Easton	AL and	LENGTH OF ST		OR TOWN Tilghm	an	NUMBER STATES	e nearest tow	n) ×
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS				STREET ADDRESS		give location)		1
3. NAME OF DECEASED (Type or Print)	(First) Alice		Middle) . S		(Last) Cummings	4. DATE OF DEATH	(Month)	(Day)	(Year) 19 55
5. SEX Female	White	WIDO (Spe	LE, MARRIED, WED, DIVORCE city) W100WC		8. DATE OF BIRTH 1-1 1874	81	yrs.	Days Hou	Min.
Housewile	ATION (Give kind of work rorking life, even if retired)	10b. K Indust	IND OF BUSINESS	OR	II. BIRTHPLACE (State Tilghman,	Maryland	y) U	COUNTRY?	WHAT
William H	. Sinclair				Sarah Covin	gton	1 114 172		
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	17 16. Se	None		17. INFORMANT AND Thomas H.		417 Film Balto.		•
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADIN		L CEI	RTIFICATION			INTERVAL E	
199 Immediat	e cause (u)	Co	uncine	e de la constante de la consta	atori, ge	are had	layd.		*** ***
Diseases or giving rise t	conditions, if any, (b) the above cause anderlying cause last	PA	sbabl	7	started in	ald		,,	5 0. AMB
Conditions contrib-	ICANT CONDITIONS uting to the death but not use or condition causing deat	th.							
19a. DATE OF OPE	RATION 196. MAJOR	FINDING	S OF OPERATIO	N				Yes 🗆	PSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	office b	ne, farm, factory, str bidg., etc.)	rest,	(CITY OF	TOWN)	(COUNTY)		
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJUR While a Work	Y OCCURRED t Not While At work		HOW DID INJURY O	OCCUR!			
22. I hereby cert	ify that I attended th								
alive on SIGNATURE	195 , ar	nd that	death occurred	at	ADDRESS m., from the	he causes and	on the date st	1	GNED
23. BURIAL, CREM REMOVAL (Spe BUR 1a	ATION DATE		NAME OF CEM Tilghman			LOCATION (C)			itate)
DATE REC'D BY	LOCAL REGISPRAR'S	SIGNA	TURE		J. Leeds M	TOR		ADDRES	S

MARGIN RESERVED FOR BINDING

3 % []

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5954 CERTIFICATE OF DEATH Reg. Dist. No. 290

	b.	
	£ %	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
	carefully legibly.	COUNTY Dallat MARYLAND STATE THE COUNTY Dallas
	Se le	CITY III outside corporate limits, write RURAL, LENGTH OF STAY CITY III outside corporate limits, write RURAL and give nearest town)
	ation y and	OR and rive nearest town (in this place) OR TOWN (Regal Oak)
Name of Street, or other Designation of the last of th	00 >>	HOSPITAL OR STREET (If rural give location)
160	informat clearly	INSTITUTION OR ADDRESS ADDRESS
133	걸음	V V V V V V V V V V V V V V V V V V V
	death	3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) OF
	m des	5. SEX: 16. COLOR OR 17. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
	it	3. RACE: WIDOWED, DIPORCED. Selly 79, 1875 79 yrs. Months Days Hours Min.
	revery	10A. USUAD OCCUPATION (Give kind of 10B KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work dope during most of working life. OR INDUSTRY:
Ď,		work dose during most of working life. OR INDUSTRY:
E	pply the	13. FATHER'S NAME.
BINDIN		Willand B. Frampton Dester Ellen Jighy
	K. Su write	15. WAS DEGEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY No. 17. INFORMANT & ADDRESS:
FOR	INK se w	(Yes no for unk.) (If Yes, give war or dates of service) The Man Nextle Ollasham Ray allast. 14
_	G IN	18. MEDICAL CERTIFICATION INTERVAL BETWEEN
8	N d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
2	DIN :	171%
豆	FA	IMMEDIATE CAUSE (A) DUE TO
RESERVED	TH UNFA Physicians	ANTECEDENT CAUSE (8)
	T I	GIVING RISE TO THE ABOVE CAUSE DUE TO
MARGIN	WITH	STATING UNDERLYING CAUSE LAST.
2	it ₹	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
M	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE
	1 N	DISEASE OR CONDITION CAUSING DEATH.
-	AINLY	19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1
T	PLA ly i	1/25/1954 1 aprillary aleners Comme 7 Cerunt YES NOW
- /	TRITE P	21/ ACCIDENT WAS UNDERLYING 218. FLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR
	ET.	(IF EITHER, NOTIFY MEDICAL EXAMINER)
	WRIT	21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY
	20)	M. at work at work
	124	22. I hereby sertify that I attended the deceased from June 1945, to June 2, 1955, that I last saw the deceased
ಣ್ಣ	NE O	alive on 1955, and that death occurred at 230, M, from the causes and on the date stated above.
1	TYPE rect a	SIGNAPORE 3. DATE SIGNED
- 10	211	M. V. of alener M.D. Carron, hel 6/2/55
	S	26. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or jounty) (State)
112	PLEASE	Jack 4, 55 Helens Ned Jacks My
**	7	DATE REC'D BY LOCAL & REGISTRAR'S SIGNATURE 24 FUNDERAL DIRECTOR ADDRESS
>		REGISTRAR 2 STATE MILITARIA MA

BUREAU V. E.

gg61 4 !

则到(2)

05952

ADDRESS Easton, Md.

Reg. Dist. No.

Part Control							
carefull legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:				
git	county Talbot MARYLAND	STATE Md. COUNTY	Talbot				
ca le	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL	and give nearest town)				
and	OR and give nearest town) (in this place) TOWN Easton 50 yrs.	or Town Easton.	110				
ly i	HOSPITAL OR	STREET (If rural give location)	. 1				
Supply every item of information carefully te the causes of death clearly and legibly.	INSTITUTION OR STREET ADDRESS	ADDRESS					
h c		(Last) 4. DATE (Month) OF	Dayı (Year)				
m of i	(Type or Print) Lidula V.	DEATH: June 1	5 1955				
de de	RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday F UNDER 1					
it it	450	20, 1863 92 yrs. Months I	Days Hours Min.				
ses	IOA. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.					
causes	work done during most of working life, or INDUSTRY: even if retired): housewife	Maryl and.	COUNTRY?				
ipply the (13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
0.000	Louis Maganakin	Elizabeth Whitby					
	LOUIS MCCANCKIN 18. WAS DECKASED EVER IN U.S. ARMEO FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:					
INK.	(Yes, no, or unk.) (If Yes, give war or dates of service)						
I Se	18. MEDICAL GERTIFICAT	Mrs. Evelyn Stevens	1				
NG IN	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ion	INTERVAL BETWEEN				
ā	1611 4	4	7				
HS H	IMMEDIATE CAUSE (A)						
TH UNFAI	ANTECEDENT CAUSE (8)	•					
ysi	DISEASES OR CONDITIONS, IF ANY. (B)						
표선	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.						
WI t.	(c)						
AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
3 8	DISEASE OR CONDITION CAUSING DEATH.						
N E	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?				
Ľ.			YES NO K				
WRITE PLAINLY, WITH UNFADING especially important. Physicians: plea	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Councete, INJURY OCCUR?	ty) (State)				
RIT	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 21F. HOW DID INJURY OCCUR?					
	OF INJURY While Mot while at work at work						
E OR	22. I hereby certify that I attended the deceased from	7 , 1955, to 6 /	saw the deceased				
E E	alive on 6 4/. 1955, and that death occurred at	6 M. from the causes and on the date	stated above.				
t Z	SIGNATURE 20	ADDRESS DA	TE SIGNED				
SE TYI	M.	.D. Sastan Ind					
S		ERY OR CREMATORY LOCATION (City, town, or	r county) (State)				
PLEASE cor	burial June 18, 1959 Spring Hill	L Cemetery Daston, Talbot,	M 7.				
PL	DATE REC'D BY LOCAL REGISTRAR'S PIGNATURE	24. FUNERAL DIRECTOR	ADDRESS				
	1	Maurica / Norman & San Fig	ton Md				

MARGIN RESERVED FOR BINDING

The

is a named

cde:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5955 CERTIFICATE OF DEATH

Reg. Dist. No. 29/

05953

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (F		NMV
Yalloc MARY		MARVL	4:01)	NTY TAL RUT
CITY (If outside corporate limits, write RURAL and LENGTE OR give nearest town)	I OF STAY	CITY (If outside corpora	te limits, write RURAL an	d give nearest town)
X TOWN Sitoliman List	Linii -		41111	X
HOSPITAL OR		STREET	(If rural, give location	n)
INSTITUTION OR (7) STREET ADDRESS	- !!	ADDRESS		
3. NAME OF (First) (Middle)		(Last)	4. DATE (Month)	(Day) (Year)
(Type of Print) IRENE GERTRED	1.	,	OF -	
5. SEX 6. COLOR OR RACE 7. SINGLE, MAR		TARRISON S. DATE OF BIRTH	9. AGE last birthday If us	2. 1955
WIDOWED, DI	IVORCED,	1	Mor	the Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of B		906.27,18691	<u> 8 б</u> уля.	1 10 0
done during most of working life, even if retired) INDUSTRY	/	11. BIRTHPLACE (State of	r toreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	- show	MARYLAGI)	71, 5,
13. FATHERS NAME		14. MOTHER'S MAIDEN	NAME	
WILLIAM JUSHUA HARRISON		SALLY AN	N. MASUN	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU (Yes, no, or unknown) (II yes, give war or dates of		HONFORMANY AND	ADDRESS	111
N/) service)	-	Julate a	+ Hamiol	M elyhman
18. A	IEDICAL CERT	PIFICATION	7	TW.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	HTA	,		INTERVAL BETWEEN
331X A0-112	- 1	W/ Consta	ste of	ONSET AND DEATH
Immediate cause (a)	Cax /	Ve vije	169	marile
		y	- 6: 2 - "	-
Anfecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	2911	asuna	SCU TOL	100001000000000000000000000000000000000
(e) /				•
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	1			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OP	ERATION			20. AUTOPSY?
				Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, fac	ctory, street,	(CITY OR T	OWN) (COUN	
SUICIDE OF office bidg., etc.) HOMICIDE	1		,	/
TIME (Month) (Day) (Year) (Hour) INJURY OCCUR.	RED	HOW DID INJURY OCC	EUR?	
OF While at Not	While			
INJURY , m. Work At	work [
22. I hereby certify that I attended the deceased from.	1200 400 000 000 000 000 000 000 000 000	, 19/12, to /my	3., 195. 4 that I la	st saw the deceased
allow on MO47 & 5 10 5 Zad shot double and	The bound	Amil .		4 4 3 3
alive on 1.70. 17., 19. and that death occ		ADDRESS	causes and on the dat	DATE SIGNED
MIRAMO TRIVE	7 / 1		1/2/1	1000 1.100
2700/01/12023	17	160	Coursell	17-6-12
23. BURIAL CREMATION DATE THEREOF NAME OF REMOTAL SPECIAL TURN 4, 1955 Jul			OCATION (City, town, or	. 67 17
	yprman		one you man	3 meu
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	sett !	I funeral director	Harrison	ADDRESS DALLY
				A. T. COCOCOCO
				ma

The correct age

PLEASE WRITE PLAINLY, WHTH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

5.81 4 .

OBALL!

5943 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05954

Reg. Dist. No. 290

ł	COUNTY	STATE COUNTY
ı		MARCIANT Thurset
1	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)— (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
Į	TOWN EASIM	TOWN / (12CC53 Muce 1,1 x- x)
I	HOSPITAL OR	STREET (If rural, give location)
1	STREET ADDRESS MELLE VIA	ADDRESS
ı	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
ı	DECEASED	OF
ł	5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED:	8. DATE OF BIRTH 9. AGE last birthday II under year II under 24 hrs.
l	6. COLOR ON RACE 7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify)	3-6-1889 66 yrs. Months Days Hours Min.
ŀ	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business oa	II BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT
ł	done during most of working life, even if retired) INDUSTRY LONG	Truckly Legen M. of Country's
1	13. FATHER'S NAME , ALCOLO	14. NOTHER'S MAUDEN NAME
l	Jelman Tol Toloromia MI	Landy Bankon
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	W. INFORMANT
ı	(Yes, no, or unknown) (If yes, give war or date of	to a Hald Waren
1	IS. MEDICAL CE	PRINCIPATION
d		Interval Between
H	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
ľ	8/6x hvarture s	hell
1	Immediate cause (a)	
ı	Antecedent cause(s)	-
ı	Diseases or conditions, if any, (b) (b) (b)	The second secon
ı	giving rise to the above cause stating the underlying cause last	· · · · · · · · · · · · · · · · · · ·
l	stating the underlying cade is at	
ŀ	II. OTHER SIGNIFICANT CONDITIONS	
ı	Conditions contributing to the death but not	
ı	related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
Į	DATE OF OTERATION 190. MAJOR FINDINGS OF OFERATION	
ł	AL THEOLOGICAL CARREST MARCH AND A DEADER OF THE ACTUAL CARREST CONTRACT CARREST CARRE	Yes No X
1	PRIMARY OR CONTRIBUTING OF Office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
ł	CAUSE OF DEATH? INJURY	no suppe sally the
1	OF (Month) (Day) (Year) (Hom) INJURY OCCURRED While at Not white	HOW DIDINJURY OCCUR!
ı	INJURY 6 176 ST C 8 m. b work 1	I show (sund at him
ı	no reside that the balance of the amoing described above held a	Internal Instruction by Institute the state of the state
ŀ	chtained by said Autoney Inspection or Inquiry find that said deed	utopsy , Inspection Inquiry thereon and from the evidence ased died on the day stated above, and death in my opinion resulted
ł	from: natural causes , accident x suicide , homicide .	undetermined \(\pi\).
ı	SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1	1 Minter	4- t- 1- 1 1
1	Lani (10 Vecty (N.1) DIVEZ	chisty my 6 1/dis
	23. BERIAL, CREMATION DATE THEREOF NAME OF CHMETE	RY OR CREMATURY LOCATION (City, town, or county) (State)
-	AEMOVAL (Specify) 6-30.55	1 1 1 1000 Kuch Club kid
1	DATE REC D BY LOCAL RECUSTRAR'S MCNATURE //	M. FUNERAL DIRECTOR
1	REG. 91 55 NK. NO (h.)	William of to-wed to hucere
1	0-01-00 1 1 1 V V V V V V V V V V V V V V V V	

THE DISTRICT

5956 maryland state department of health—baltimore, 18

Reg. Dist.

	I LUM D. I I I I L	7-14-1-00		
THE A POST OFFICIAL RE-	TAXE A BUILDING TAXED 9 CV	CITATOMATERICA A MATA	COR TOTAL PRIOR	00
IVERGER TO SALE	HIX A WHIN HIK (S	CERTIFICATE	EDRU DEGATISE	No 2/4/
	THE TAXABLE PARTIES.			1400 College . p. S. J

6		
0	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
E's	COUNTY Talba + MARYLAND	STATE PATE / COUNTY TO THE
·ig	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	
legi	OR and give hearest town) (in this place)	OR -
careful and le	X TOWN Trappe VUVILI	TOWN MINICAL MINICAL MINICAL MANAGER
H C	HOSPITAL OR INSTITUTION OR	STREET ADDRESS (If rural, give location)
200	STREET ADDRESS	ADDRESS /
OF T	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
leg	DECEASED:	bbayd DEATH 1 26 1955
E a		E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS.
f information death clearly	RACE: WIDOWED, DIVORCED,	Monthsi Days Hours Min.
de	temple Col. (Specify): married 12/	3/9/3 1900 54 yrs.
0	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS Of work done during most of work life, INDUSTRY:	R II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILAT
every item he causes o	even if retired): Ministry (1997)	Maryland LUSA.
it is	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
ar	71. 11. Plake	ina
e c	15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.:	THE CONTRACT OF THE CONTRACT O
y ev the	(Yes, no, or unk.) (If Yes, give war or dates of)	17. INFORMANT/& ADDRESS:
E D	service)	Dearny aurlin Neurostreus Us.
Supply	18, MEDIC	AL CERTIFICATION
02 ≥	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
K Se	Laurition	Mus prost steel
please	Immediate cause (a)	
ب ^ا	DUE TO	1 1
Z S	Antecedent cause(s) Diseases or conditions, if any, (b)	ent
Diar	giving rise to the above cause DUE TO	******
F.A.	stating underlying cause last	
UNFADING Physicians:	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
PG	TO THE DEATH BUT NOT RELATED TO THE	
표선	DISEASE OR CONDITION CAUSING DEATH.	the control of the co
Y WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
₩P.		Yes No
27 gr	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg. sc.	(State)
⊢ ∨	PRIMARY or CONTRIBUTING OF Street, office bldg. stc.	The state of the s
ZE	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	2157 HOW DID INJURY OCCUR?
PLAIN	OF INJURY 6 7 6 13 5 84M. While at work 1 at work 1	These in the which structures
RITE PLAIN is especially		bed above, held an Autopsy [], Inspection [S., Inquiry [], and
E 8		dent [], Suicide [], Homicide [], Undetermined cause [].
E 22	SIGNATURE 11/	CHIEF MEDICAL EXAMINER DATE SIGNED
V.R.	Lan Mattamo Dmg	M. D. DEPUTY MEDICAL EXAMINER /2-7-11
W		
SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETEI	RY OR CREMATORY LOCATION (City, town, or county) (Scate)
A	13und 6/27/53 MX 200	in tim. Miladilphia Ta.
9	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	M. FUNERAL DIRECTOR

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

The correct

4

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05956

7	944	CERTIFICATE	OF	TOTAL	TITLE
J.	744	UERHRIUALE	UF.	$\mathbf{L}\mathbf{J}\mathbf{E}_{A}$	MIN SI

Reg. Dist. No. 290...

<u>></u>	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
egibl	Tillet	m. Tolet
leg	COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE COUNTY AUGUST CITYIII outside corporate limits, write RURAL and give nearest town)
D	OR and give neapent town) (in this place)	- A
	TOWN Callon 35 rus.	TOWN Easton. "
>	HOSPITAL OR Haverson St 1 Dorothy St	STREET (If rural give location)
7	INSTITUTION OR STREET ADDRESS 1 Januar Par	ADDRESS 7/
clem	recur wer 51112	Harrison + Dover Streets
		(Last) 4. DATE (Month) (Day) (Year)
demth	DECEASED: Vallie W. There	Reson DEATH: June 6 1955
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8/ DATE	
₩.	RACE: WIDOWED, DIVORCED, (Specify):	Months Days Hours Min.
90	withate ville villabured still	21, 1874 80 yrs. 10 16
	TOA USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS / work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
2	even if retired): $Q \leftarrow P$	Chies and Ill. COUNTRY?
0	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
ž	13. PAIRERS HAME:	14. MOTHER'S PIAIDEN NAME:
9	Lot 1. Smeth	Hora E.
ij.	15, WAR DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS.
*	(Yes, no, or unk.) (If Yes, give war or dates	T 71 00-4-21 . 7 8 + m0
503	1 no of service) - Honze	1. Aughlett Jenry Ir. (rulon Ma
9	18. MEDICAL CERTIFICAT	/ / /
7	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
- 1	420, A.Xa.	Level arteris pelevoiro 3 years
S	IMMEDIATE CAUSE (A)	ecertice there to made a years
hysicians	ANTECEDENT CAUSE (8)	1 1 1 1 1 1 2
Ž.	DISEASES OR CONDITIONS, IF ANY. (B) Therena	us arteris pelerons I open
	GIVING RISE TO THE ABOVE CAUSE DUE TO	
Д	STATING UNDERLYING CAUSE LAST.	
ot:	(C)	
mportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
O.	DISEASE OR CONDITION CAUSING DEATH.	
иD	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
~	none Jane	YES NO BE
[B]	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, fact or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	cory. 21c. WHERE DID (City or town) (County) (State)
especi	(IF EITHER, NOTIFY MEDICAL EXAMINER)	INSON OCCORT
101 101	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
_	OF INJURY While Not white at work	
52		
9	22. I hereby certify that I attended the deceased from 7-7	1957, to 6 - 6, 1953, that I last saw the deceased
CZ.	alive on 6 - 6 . 1957, and that death occurred at	3.30 P.M. from the causes and on the date stated above.
당	SIGNATURE-	ADDRESS. / DATE SIGNED
correct		o. Easton Maryland 6-7-55
OI	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	
0	REMOVAL (SPECIFY)	A / : 13 / A
	Querial June 7, 58 Vallacionic	emetery Chicago Ill.
	DATE REC'D BY LOCAL PREGISTRATE SIGNATURE	24) FUNERAL DIRECTOR ADDRESS
	REGISTRAR 5-5- MANOLALIA	John A. Williams Este ml

3 1 1 200

or Nar

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9	MARILAND STATE DEPARTMENT OF REALTH—BALTIMORE, 18
y. The	5945 CERTIFICATE OF DEATH Rem. Dist. No. 290
every item of information carefully causes of death clearly and legibly.	1. PLACE OF DEATH: COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give pearest town) OR and give pearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF Print) DECEASED: (Type or Print) SEX 6. COLOR OR 7. SINGLE. MARRIED. RACE: (Specify) MARRIED. (Specify) MONTHS
INK. Supply	13. EATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15. WAS DECESSED EVER IN U.S. ANNED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Wes, no, or unk.) of service) 18. MEDICAL CERTIFICATION 19. OLIMAND MINTERVAL SETWEEN
WITH UNFADING	IN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (A) Webs-Christian And Death (A) ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ONSEY AND DEATH (A) Webs-Christian And Death (B) DUE TO
AINLY, importar	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ROOF
WRITE	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21c. WHERE DID (City or town) (County) (State) OF INJURY OCCUR? 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?
SE TYPE OR	22. I hereby certify that attended the deceased from 3/, 1911, to 6/, 1915, that I last saw the deceased alive on signature. 23. SHEET CREMATION DATE THEREOF NAME OF CREMATION CREMATION City toward south of supply 1915 1

VS. A15-10-53

MARGIN RESERVED FOR BINDING

FIEL ME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 290 CERTIFICATE OF DEATH cmrefully 1 PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: 10100 COUNTY MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY OR and give nearest town) pu (in this place) . OR information 1 TOWN TOWN emrlv HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS First (Middle) 3. NAME OF (Last) DATE (Month) Duy) (Year) eath DECEASED OF 30 (Type or Print) 19-55 DEATH: item 5. SEX: 6. COLOR OR 7. MINGLE, MARRIED, 8. DATE OF BIRTH: T 9. AGE last birthday IF UNDER 24 MRs. RACE₂ of Months Days Hours l (Specify): Yrs. evmry causes 11. BIRTHPLACE (State or foreign country): | OA USUAL OCCUPATION (Give kind of OF BUSINESS KIN 12 CITIZEN OF WHAT work done during most of working life OR INDUSTRY: COUNTRY? even if retired); Supply φ 13. FATHER'S NAME: MOTHER'S MAIDEN NAME te INFORMANT & ADDRESS: WIL WAS DECEMBED EVER IN U.S. ARRED FORCES! 16. SOCIAL SECURITY NO. X or unk.) (If Yes, give war or dates Z of service) Se ea 18. MEDICAL CERTIFICAT Ü RESERVED NTERVAL BETWEEN Z DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH d DINSET AND DEATH D sicians IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) Phys GIVING RISE TO THE ABOVE CAUSE 田 DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING importa TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? PLA especially 21A ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory) 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) RIT 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work .27 α C 19 55, to 6 - 19, 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from TYPE M, from the causes and on the date stated above. alive on . and that death occurred at SIGNATURE. ADDRESS DATE SIGNED SE 23. BURIAL. CREMATION. DATE THEREOF CEMETERY OR LOCATION (City, town. (State) CREMATORY or county) REMOVAL (SPECIFY) K REC'D BY LOCAL REGISTEAR'S S REGISTRAR





WRITE PLAINLY, WITH UNFADING INK.

OR

PLEASE TYPE

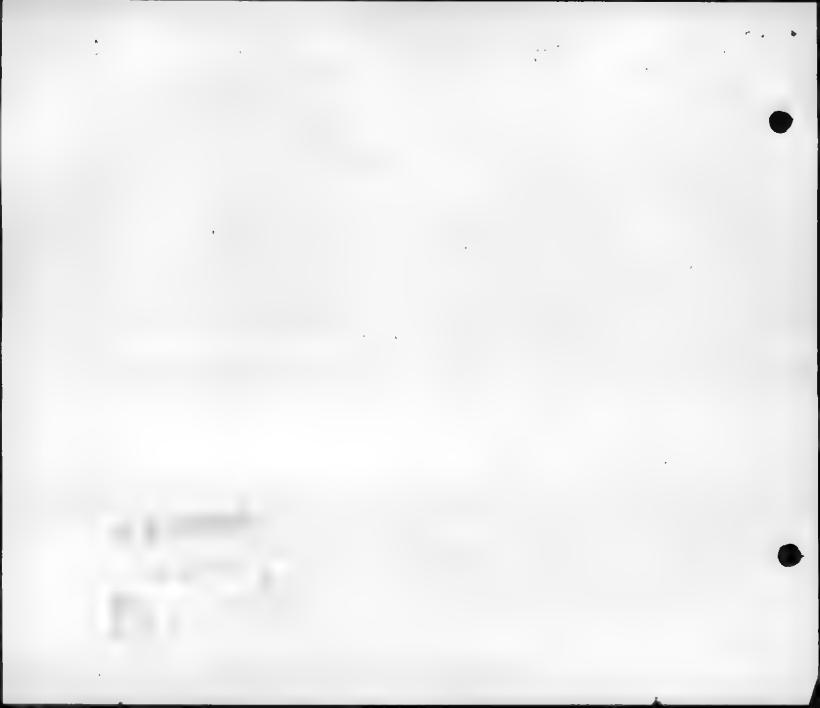
A15-

Supply svery item of information carefully. The

RE, 18 0596() Reg. Dist. No. 296 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5948 CERTIFICATE OF DEATH

J.	1. PLACE OF OEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:						
rib	COUNTY LOT 201	STATE MO COUNTY TOLE	C. A. C.					
leg	COUNTY A BOL MARYLANO CITY (If outside corporate limits, write RURAL LENGTH OF STAY)	STATE COUNTY PARE	give pearest town)					
and legibly	OR and give nearest town) (in this place)	OR						
20	4 TOWN LASTON	TOWN & ASTON	X					
7	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)						
clearly	STREET ADDRESS & ASTON Memorial HOSP	Boute 3	# of					
cl		(Last) 4. DATE (Month) (Da	(Year)					
death	DECEASED: 11	OF Ł	1					
lea	(Type or Print) HARRISON KA	DE BIRTH: D 3	1953					
of d	RACE: WIDOWED, DIVORGED,	OF BIRTH: 9. AGB last birthday 1 UNOER 1 YE Months Da	The second second					
	m COLORED (Specify) mARRICA Charl	30, 1888 OF YER						
causes	10A. USUAL OCCUPATION (Give kind of 10B KINO OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. C						
an	even if retired): Heuman	Tuest. 7º	OUNTRY?					
	13. FATHER'S NAME!	14. MOTHER'S MAIDEN NAME:						
the		2						
te	acub Iraikes	17 101707111111111111111111111111111111						
write	13. WAS DECEASED EVER IN U.S. ARMED FORCES: 18 SOCIAL SECURITY No. (Yes, no, or unk.) Uf Yes, kive war or dates	17 INFORMANT & AOORESS	1 1					
se v	of service)	Ilnewell Wilher	Will !					
8	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN					
plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH					
	331X (2.7m	are and I be maked						
107 E	IMMEDIATE CAUSE (A)	con ac / with						
Physicians	ANTECEDENT CAUSE (8)							
rsi	DISEASES OR CONDITIONS, IF ANY. (B)	9						
Ph)	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.							
	(C)							
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	l l						
rti	TO THE DEATH BUT NOT RELATED TO THE							
ıpo	OISEASE OR CONDITION CAUSING DEATH	V						
im	/ PROPERTION		20. AUTOPSY?					
Þ	de Character and the Control of the		YES NO					
especiall	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?							
ec	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
21D. TIME (Month) (Day) (Year) (Hour) 21E (NJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
is	or header							
au	22. I hereby kertify that I sttended the deceased from 6/20	, 19.55, to 6/3/ , 19 , that I last s	into the decessed					
50 65	1 by the state of the state of	. 66						
	alive of the state		ated above.					
correct	SICHATURE	Appress	SIGNED					
01		o. The day	me/430_					
O	23. BURIAL CREMATION, OATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (C.A. town or	(State)					
	Buria 6/24/63 Juston	Zaslan 1	(al K1)					
	DATE REC'O BY LOCAL REGISTRAR'S GIGNATURE	24 FUNERAL DIRECTOR	AOORESS					
	REGISTRIAR OF THE STATE OF THE	1 1 1 1 1 1 N N	- d 62 A					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	E .	CERTIFICATE	OF DEATH Reg. Dist	. No. 290
	carefully. legibly.	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASES	0;
		COUNTY Talbot MARYLAND	STATE Maryland COUNTY Talk	oot
9		CITY (If outside corporate limits, write RURAL (in this place) Town Trappe Life	CITY(If outside corporate limits, write RURAL a OR TOWN Trappe	ino give nearest town)
M	item of information of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1
	in d			Day) (Year)
	of	Type or Print: SARAH B. S		LO, 1955
	item of of death		OF BIRTH: 9. AGE last birthday Ir UNDER I V Months D	PEAR IF UNDER 24 HRE.
		Female Negro (Specify) Widow July 1	7, 1887 67 yrs.	
SN	causes	work done during most of working life, even if retired): Housewife Home	Trappe, Tal. Co., Md	CITIZEN OF WHAT COUNTRY? USA
Ĭ	pply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME	-
FOR BINDING	Supply te the c	George Brummell	Josephine Young	
22	* 644	15, WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
10°	INK.	(Yes, no, or unk.) (If Yes, give war or dates of service)	Ada Brummell, Trappe, Mar	ryland
	DING:	18. MEDICAL CERTIFICATI		INTERVAL BETWEEN
MARGIN RESERVED		I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	artenorilada deseare	ONSET AND DEATH
RES	TH UNFA	ANTECEDENT CAUSE (8) WILL MINUTEN	list multining	1 was
NIS	WITH nt. Phys	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
R	ıt. ₩	(C)		
MA	~ 25	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	NE	DISEASE OR CONDITION CAUSING DEATH.		-
\		2 MAJOR PINDINGS OF OPERATION		20. AUTOPSY?
)		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
		OF INJURY OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	parties.	22. I hereby certify that I attended the deceased from	1, 195% to 0/10., 1955, that I last	saw the deceased
- 99	[2] 85 00	alive on 6 .10., 19.5 , and that death occurred at	3 M, from the causes and on the date	
21		of runk & Moson M.	D. 18 W. ATV4 & Coston	ned
- 07	AS	REMOVAL (SPECIFY)		
<	PLEASE	Burial 6/13/1955 Trappe Cem	etery Trappe, Mary	ADDRESS
ń	P4	DECISION D. LOCAL REGISTRA	ET CONERNE DIRECTOR	MEDITESS

Letw Herbert M.St.Clair, Jr., Cambridge, Md.

Brr. 1 A :

· · · Kur

[2]

02 < 回

20. AUTOPSY? (County) (State) . 19 St, that I last saw the deceased 730 A M, from the gauses and on the date stated above. alive of and that death occurred at SIGNATUR DORESS DATE SIGNED M. D CEMETERY (State) 23 BURIAL. NAME OF OR CREMATORY LOCATION (City, town or county DATE REC'D (REGISTRA REGISTRAR

(Day)

Days

(Year)

19 5

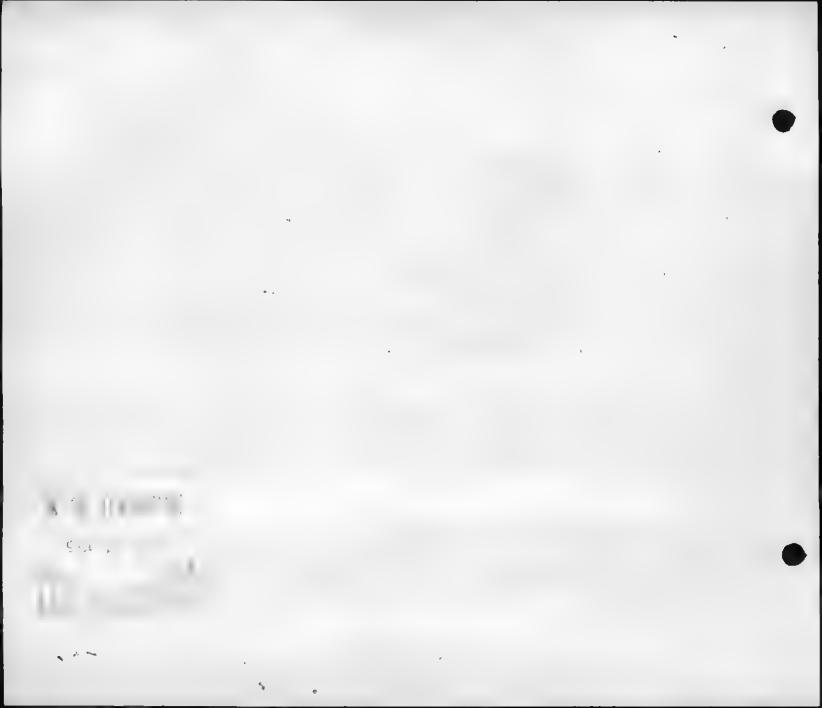
IF UNDER 24 HRS

Hours .

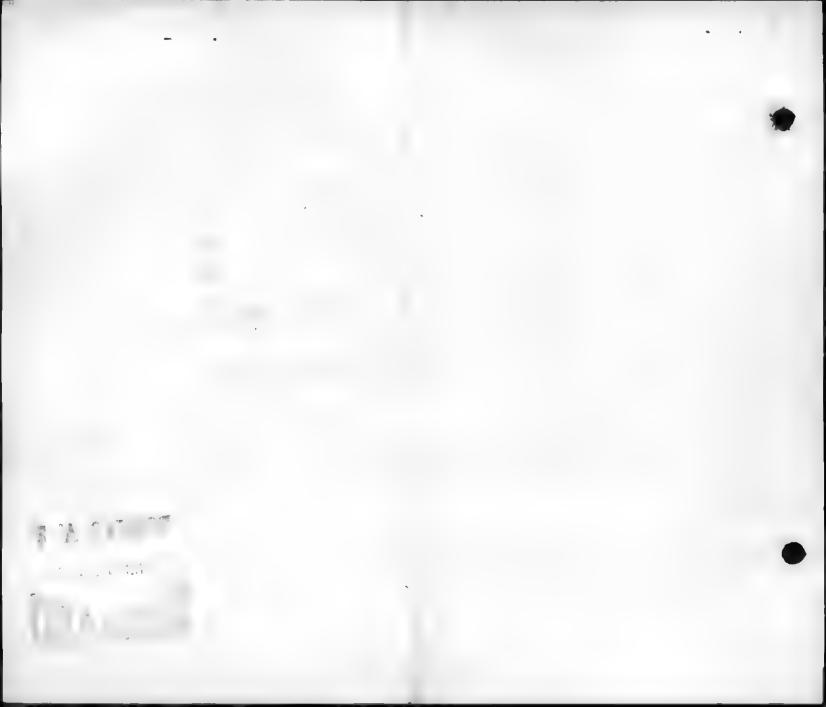
COUNTRY 2

ONSET AND

DENTH



05963 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 correct CERTIFICATE 5958 Reg. Dist. No. I. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: The and legibly. STATE Maryland COUNTY COUNTY Talbot MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL, LENGTH OF STAY carefully OR and give nearest town) (in this place) OR TOWN Vienna Oxford HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS P.O. information c P.0. (Day) (Year) 3. NAME OF (Middle) (Last) 4. DATE -fMonth) GARCIE DECEASED: OF REOLA WILLE DEATH: - Who 19 (Type or Print) death 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS 5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH RACE: WIDOWED, DIVORCED, Months Days Hours (Specify): 10-5-1875 Female of 112. CITIZEN OF WHAT 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): o. COUNTRY? INDUSTRY: work done during most of working life, FOR BINDING item even if retired): U.S.A Housewife Own Home haryland causes 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: every Manning Lewis Not Known 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No .: | (Yes, no, or unk.) | (If Yes, give war or dates of Supply service) write Ars. Arthur Spear: Oxford, harvland no none MARGIN RESERVED 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death ONGESTIVE HEART FAILURE INK. please Immediate cause DUE TO DING Antecedent causes (s) Physicians Diseases or conditions, If any, (b) giving rise to the above cause stating the underlying cause last, DUE TO UNE INTESTINAL OBSTRUCTION 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH portant. 20. AUTOPSY 7 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION Yes No P (STATE) ACCIDENT (CITY OR TOWN) (COUNTY) (Specify) PLACE (Home, farm, factory, street, PLAINLY, E SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? especially While at Not While INJURY At Work Work .1955 to 6-7- 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from 7:45 P.M. from the causes and on the date stated above. PLEASE WRITE alive on 6. 19.5 5, and that death occurred at 0/2 DATE SIGNED SIGNATURE (Degree or title) m.D 99 23. BURIAL, CREMATION. (State) DATE THEREOF LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Vienna Cemeterv DATE REC'D BY LOCAL, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service REGISTRAR Cambridge, Maryland



May land

	THICATE OF DEATH No. 279
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY 7ALBO 6 MARYLAND	STATE MA COUNTY TU/bot
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) STON (In this place) CAUS	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN // L // // // // // // // // // // // /
HOSPITAL OR TINSTITUTION OR WEMOVIAL HOS BITAL	STREET (If rural, give location)
3. NAME OF DECEASED: (Type or Print) DAVID B.F.	OCOH JATE (Month) (Day) (Year) OF DEATH JUNE 17 19 55
5. SEX: 6. COLOR OR RACE: 7. SDIGLE, MARRIED, 8. DATE WIDOWED, DEVENCED, Quy	OF BIRTH: 1875 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HR: 7 G yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of work life, even if retired): Lay mey - Machinist	Talbot 6 Md 12. CITIZEN OF WILA
Charles Henry Molcott	14. MOTHER'S MAIDEN NAME: Fagley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of 2/9-07-7/25)	Lillian Roe Wolcott Wyellulsma
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEE ONSET AND DEATH
Antacadent cause(s)	:
Diseases or conditions, if any, (1)	ioslerosis
Diseases or conditions, if any, giving rise to the above cause DUE TO	ioslerois
Diseases or conditions, if any, (0) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	(g+SP) 20. AUTOPSY? Yes No
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY	20. AUTOPSY? Yes No [] 21c. (City or town) (County) (State)
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION; 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 21b. PLACE (Home, farm, factory, primary or CONTRIBUTING 0F street, office bldg., etc.,	20. AUTOPSY? Yes No [21c. (City or town) (County) (State)
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION; 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. 21d. Time (Month) (Day) (Year) (Hour) (Year) (Hour) (Year) (While at Not while NJURY) 22. I hereby certify that I took charge of the remains describ	20. AUTOPSY? Yes No [] 21c. (City or town) (County) (State)

24. FUNERAL DIRECTOR

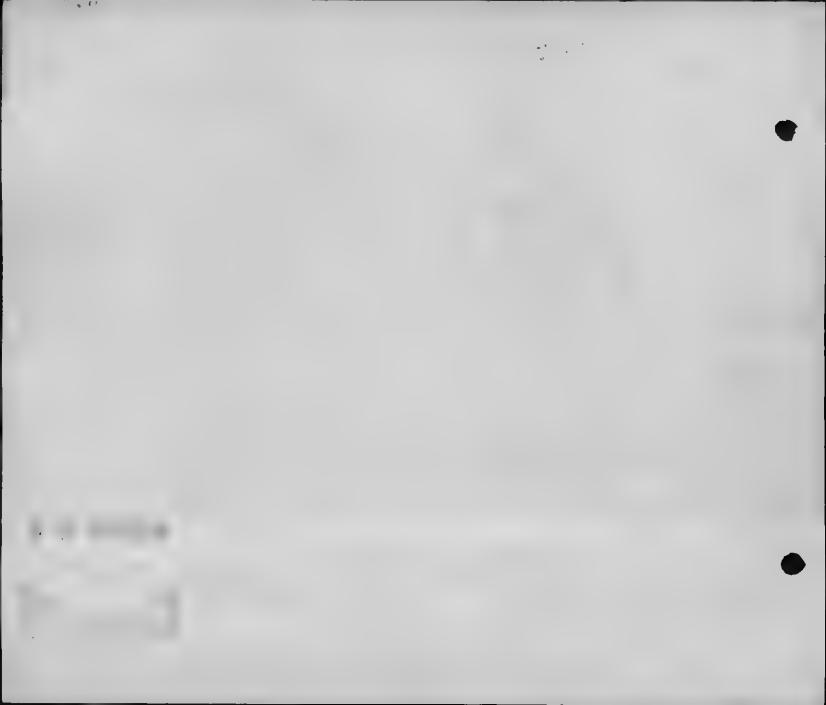
PLEASE WRITE PLAINLY, WITH UNFADING INK. age is especially important, Physicians: please VS. A15A - 5 - 53

BESIOVAL (Specify) :

DATE REC'D BY LOCAL

Supply every item of information carefully. The correct write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

VS. A15 -- 10 - 53

BUREAU V. S.

MARYLAND STA	TE DEPARTMEN	T OF HEALT	H—BALTIMOR	E, 18 .05.	966
5952 C	ERTIFICATE	OF DEA'	TH R	Reg. Dist. No.	90,
1. PLACE OF DEATH: COUNTY TALBOT	MARYLAND	STATE MA	ENCE (HOME) OF I	Lucen and	12'3 Co.
CITY (If outside corporate limits, write RUI OR and give nearest town) HOSPITAL OR	LENGTH OF STAY (in this place) Mr. 55 man	OR	corporate limits, write Hester (If rural give	RURAL and give ne	arest town)
STREET ADDRESS FARMER	Middle)	ADDRESS	4. DATE (Mon		(Year)
DECEASED: (Type or Print) 5. SEX: 6. COLOR OF 7. SINGLE, N	IARRIED, 8. DATE	OF BIRTH:	OF DEATH: 6	6 29	19 35 DER 24 HRS.
WHITE (Specify): 10A. USUAL OCCUPATION (Give kind of 10B. work done during most of working life.	KIND OF BUSINESS OR INDUSTRY:		State or foreign count	Months Days Hou	OF WHAT
13. FATHER'S NAME: JOHN WYATT	Fisheries	JULIA	MOORE	1 0:343	,
(Yes, no, or unk.) (If Yes, give war or dates of service)	6. SDCIAL SECURITY NO.	mage.	gnes Wy	att wife	Be_
I DISEASES OR CONDITIONS DIRECTLY LE	A) A)	shing au	ungen f	ONSET	AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	в)	- repture	Raylas		
II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEA	E TH				
19A. DATE OF OPERATION: 19B. MAJOR F	NDINGS OF OPERATION	4		20. A	NO E
OR CONTRIBUTING CAUSE OF DEATH OF I	PLACE (Home, farm, fact NJURY street, office bldg.,	etc. INJURY OCCU		(County)	(State)
OF INJURY	While Not while It work at work		ORMAN 1003 1		
SIGNATURE Jun Fari	hat death occurred at-	D. Car	he causes and on the	DATE SIGNE	pove.
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) DATE RECOUNTY DATE REGISTRANS DEGISTRANS	NAME OF CEMETE	24 FUNERAL I	Che	ADDRE	

BUREAU V. S.

2361 8 JNr

